



OFFICE OF SCHOOL IMPROVEMENT

2009-10 SUPPLEMENTAL EDUCATIONAL SERVICES
APPLICATION WORKSHOPS WEBINAR

REGISTRATION FORM

Please save a blank copy of this form on your computer before typing information into the registration form to prevent loss of data.

Note: *Currently approved providers do not need to reapply for 2009-10 unless there are significant programmatic changes.*

Step 1: Complete the following contact information:

Participant Name(s):

Limit two per company.

Company Name:

Phone Number:

Email Address:

Fax Number:

Step 2: Select a Webinar Session to participate in:

***Workshops are being conducted via the web.*

<input type="checkbox"/>	Tuesday, March 31, 2009 10:00 AM – 12:00 PM
<input type="checkbox"/>	Thursday, April 2, 2009 1:00 PM – 3:00 PM

Step 3: Send completed form to:

Regina Allen

Fax: 517-335-2886

Email: AllenR2@michigan.gov

by **Friday, March 27, 2009.**